

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1110

1. PLACE OF DEATH

County Howard  
Township Clinton  
City Glasgow (No. 1)

Registration District No. 37  
Primary Registration District No. 4223

File No. 2  
Registered No. 1  
St. 1 Ward

2. FULL NAME

(a) Residence, No. John M. Wells St. 1 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Cropp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1848

7. AGE YEARS 88 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1912 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Virginia

13. NAME William Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Ann Seroyen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Robert Wells Jr. (ADDRESS) Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland Cemetery DATE Jan 21, 1937

19. UNDERTAKER Walter Hildesley (ADDRESS) Glasgow

20. FILED Jan 21, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1937

22. I HEREBY CERTIFY That I attended deceased from January 19, 1937, to January 19, 1937  
I last saw him alive on January 19, 1937 Death is said to have occurred on the date stated above, at 8:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Apoplexy)

Date of onset

Other contributory causes of importance:

Name of operation Clauical Date of 1937  
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury 1937  
Where did injury occur? No  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No  
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify No  
(Signed) Carl C. Heger M. D.  
(Address) Glasgow, Missouri

